

Springfield-Greene County Park Board Athletics



2016 Adult Fall Softball Registration Form

Session: Fall **Registration Dates:** Deadline July 22, 2016 **League Session Dates:** August 8 – Sept. 26, 2016 **Skip Dates:** 9/5 **Schedule Pick Up Date:** Wed. 8/3 (11 am – 6 pm)

- ALL GAMES ARE PLAYED AT THE KILLIAN SPORTS COMPLEX!!!!
- Special schedule requests will be honored when possible, but cannot be guaranteed.
- This registration form may be used to register for men's, women's, or coed leagues.
- Make-up games may be scheduled on weekends if space is not available on the regular scheduled night.
- Refund requests will be accepted up to July 22, 2016. Approved refunds will be charged a \$10.00 fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations. Please describe accommodations needed on the back of this form.
- Registration is by team registration only. Individual registration is not accepted but the Park Board will attempt to find a team for an individual to participate on for the season. Registration is on a first-come first-serve basis.

PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT.

MAIL your entry form to: Springfield-Greene County Park Board
Attn: Community Athletics
1923 N. Weller Springfield, MO 65803

Register in person: Killian Sports Complex
2141 E. Pythian Springfield, MO

FAX registration to: FAX to (417) 837-5829

For Additional Information call: Killian Sports Complex Office
(417) 837-5817
Website: www.parkboard.org

Please make checks payable to: **Springfield-Greene County Park Board** and include your Drivers License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration. **A late fee of \$30 will be charge for registration after deadline.**

TEAM NAME: _____ MANAGER'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DAY PHONE: () _____ EVENING PHONE: () _____ FAX NUMBER: () _____

EMAIL ADDRESS: _____

(Required Information) DRIVERS LICENSE #: _____ PLACE OF EMPLOYMENT: _____

(Required if played) 2015 SPRING/SUMMER OR 2014 FALL LEAGUE TEAM NAME: _____

CIRCLE LEAGUE, NIGHT AND TEAM CLASS INFORMATION THAT YOU REQUEST TO PLAY / ONE TEAM ENTRY PER FORM:

<u>TEAM CLASS INFORMATION</u>		(circle a number)	1	2	3	4	7 – Game Schedule
		(Please rate your team with 1 being the strongest and 4 the weakest)					<u>Team Fee</u>
<u>League Name</u>	<u>Nights Available</u>						
MEN'S SLOW PITCH	MONDAY TUESDAY WEDNESDAY THURSDAY						\$225 team

MEN'S 16" Wood Bat Slow Pitch	TUESDAY (8 team maximum)						\$225 team

COED SLOW PITCH	MONDAY WEDNESDAY THURSDAY						\$225 team

WOMEN'S SLOW PITCH	TUESDAY						\$225 team

Method of Payment: Cash___ Check___ Visa___ MasterCard___ Discover___ Am. Express___ Card # _____

Signature: _____ Expiration Date: _____ Security # (on back) _____

(For office use only)

Amount Paid: _____ Reference / Check Number: _____ Receipt Number: _____